

Division of MH/DD/SA Services
Consumer Data Warehouse (CDW)
Area Programs
Reporting Requirements
July 2004, Version 1.7

Overview

In July 1999, the Division of Mental Health/Developmental Disabilities/Substance Abuse Services (MH/DD/SAS) replaced the old Client Information System with a modern Consumer Data Warehouse (CDW).

To provide better reporting capabilities and facilitate service evaluation and planning for DMH/DD/SAS clients, the data warehouse will contain data that is timely, accurate, and comprehensive. It will be used for statistical analysis and aggregate planning only, no individually identifying information will be available.

To accomplish this task, the reporting requirements for area programs and institutions (via the HEARTS system) changed. A summary of major changes is listed below. The new formats became effective for reporting July 1999 data. This data must be sent electronically; the Division will no longer accept diskettes or paper forms. Records with data that do not meet the edit criteria will be rejected and returned to the appropriate area program electronically; they must then be corrected and resubmitted.

This package contains Reporting File Formats with associated data dictionary names and data value edits.

Summary of Major Changes from the old Client Information System

- Reporting is data based not paper form based
- Data MUST be reported electronically; no paper forms will be accepted
- Records with fatal errors (see File Format section below) will be returned to the area program electronically and must be resubmitted electronically
- Data is expected to be updated periodically; it must be sent more frequently than on admission (see below for expected schedules)
- Files must be sent in standard Electronic Data Interchange (EDI) format - a single file with multiple record types, and should be ordered in the same sequence in which it was transacted.
- Some new data elements will be expected

File Formats

Data Element Edits

1. If a field is MANDATORY in the Reporting Requirements and a blank or invalid value is sent, the record will be rejected and returned to the area program electronically. The area program must then correct it and resubmit it electronically.
2. If a field is REQUIRED in the Reporting Requirements, the Division expects to receive it with the record. The record will be accepted without it, however, periodic reports will be issued to indicate which of these data elements is missing or incorrect and must be fixed.
3. If a field is OPTIONAL in the Reporting Requirements, the record will be accepted without it and periodic reports will not be issued to indicate which of these data elements is missing. This field was included to conform with the recommendations of the Mental Health Statistical Improvement Program (MHSIP); it could be required in the future.
4. It is required that all alphanumeric fields be left-justified and padded with spaces to the right. It is required that numeric or integer fields be right-justified with leading zeroes.
5. All dates must be in the format yyyyymmdd - year, month, day
6. Duplicate records: If an ADD record of any type is received with an area program number, client number, and applicable date e.g. admit date, discharge date, diagnosis effective date matching a record already in the database, the record received will be rejected as a duplicate and returned to the area program.
7. Client number = Case number
8. The Data Dictionary enclosed with this document provides detailed information about each data element. The data element will be listed under the 'Data Dictionary Data Code' as described in the tables. This dictionary is for reference only; please use information in the reporting requirements if there is an apparent discrepancy between the dictionary and the requirements.

File Structure

1. A minimum of one file from each Area Program for each month is expected, however files can be sent on a daily basis.
2. Different types of records within the file have different lengths but, unless otherwise indicated, the record length is fixed for a given record type. However, filler at the end of each record is not required.
3. All records should be separated by a carriage return (HEX 0D). *This is an inherent byproduct of the WS_FTP software product and does not need to be programmed into the file if WS_FTP is used. For other FTP software, check manufacturers specifications.*
4. The records should be sequenced by client number i.e. all record types for one client should be together, and in the same order in which the transactions occurred.

5. An end of file marker must be present at the end of the file, after the Trailer Record.
(HEX 1C). *This is an inherent byproduct of the WS_FTP software product and does not need to be programmed into the file if WS_FTP is used. For other FTP software, check manufacturers specifications.*
 Header Record - Mandatory
 Various records (record type 10 through 88)
 Trailer Record - Mandatory
6. All records updated or added in a month must be included in the monthly file; not just the latest ones for a consumer i.e. selection should be on last update date.
7. It is preferred that only those records that change are sent; however it is acceptable to send update records with no modified elements.

There are 11 possible records for transmission. These are:

Record Name	Record No.	Transmit Frequency
Header Record	00	Beg of file-Mandatory
Identifying Information	10, 30	Monthly
Demographics	11, 31, 81	Monthly; Annually
Consumer Discharge Details	12, 32, 82	Monthly
Diagnosis Details	13, 33, 83	Monthly
Disability Details	14, 34, 84	Monthly
Special Population Details	15, 35, 85	Monthly
Risk Factor Details	16, 36, 86	Monthly
Substance Abuse Details	17, 37, 87	Monthly
Substance Abuse Treatment (movement) Details	18, 38, 88	Monthly
Trailer Record	99	End of file-Mandatory

1n = Add new record

3n = Update existing record

8n = Delete erroneously sent record; **all fields on this record MUST match those on record being deleted or the delete record will be rejected.**

Name **Header Record Format****Description** This record provides identifying information including the process date and the data source (area program).**Frequency** First record of each file**Record Size** 15 Bytes**Rules** Mandatory in all files as first record

Send one record:

- in each file
- the area program/process date combination must be unique. If the same file is sent more than once i.e. with the same area program/process date combination, the entire file will be rejected.

#	Data Name	Format	Data Dictionary Data Code	Mandatory /Optional	Position	Valid Values/Remarks
1.	Record Type	Char(2)		Mandatory	1-2	'00' : Header
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Mandatory	3-7	
3.	Process Date	Char(8)		Mandatory	8-15	YYYYMMDD - Date file is created

Name **Trailer Record Format****Description** This record provides identifying information including the area program, the process date and number of records being transmitted**Frequency** Last record of each file**Record Size** 25 Bytes**Rules** Mandatory in all files as last record

Send one record:

- in each file

#	Data Name	Format	Data Dictionary Data Code	Mandatory /Optional	Position	Valid Values
1.	Record Type	Char(2)		Mandatory	1-2	'99' : Trailer
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Mandatory	3-7	
3.	Process Date	Char(8)		Mandatory	8-15	YYYYMMDD - Date file is created
4.	Total Number of Records	Num(10)		Mandatory	16-25	9999999999 - including header and trailer record

Name **Identifying Information****Description** This record provides identifying information about consumers. This data will be used to:

- ensure that data received from different sources about the same consumer is associated with the same consumer in the warehouse and
- facilitate sharing data with other state systems as necessary for statistical analysis and planning.

This data will be stored in an encrypted format and will not be available on any reports or queries.

Frequency Daily**Record Size** 130 Bytes**Rules** Mandatory for all new consumers (clients).

Send a record:

- for each new consumer
- when a new identifier is collected or
- the existing identifier information is modified

- Notes**
1. This record can be sent in one of two alternate formats
 2. All of the different identifiers are described in the Data Dictionary under the data element 'Identifier'.

Format 1

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values
1	Record Type	Char(2)			Mandatory	1-2	'10' : Add '30' : Update
2	Identifier Type 01	Char(1)	identifier_type	Yes	Mandatory	3	'A' : Area Program
3	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	4-8	
4	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	9-18	Area Program Client Record Number - Case Number
5	Identifier Type 02	Char(1)	identifier_type		Mandatory	19	'U' : Unique Identifier

6	Unique Identifier	Char(15)	cons_id_identifier		Mandatory	20-34	Used by most DMH systems - consists of first three characters of last (maiden) name, first character of first name, six character birth date, and an identifier if more than one consumer with same id
7	Identifier Type 03	Char(1)	identifier_type		Optional	35	'S' : SSN Blank
8	SSN	Char(15)	cons_id_identifier		Mandatory if the previous field = 'S'	36-50	Nine digit numeric Encrypted
9	Identifier Type 04	Char(1)	identifier_type		Optional	51	'D' : Driver License Blank
10	Driver License	Char(15)	cons_id_identifier		Mandatory if the Previous field = 'D'	52-66	Non Blank
11	Identifier Type 05	Char(1)	identifier_type		Optional	67	'M' : Medicaid Blank
12	Medicaid Number	Char(15)	cons_id_identifier		Mandatory if the previous field = 'M'	68-82	Non Blank Encrypted
13	Identifier Type 06	Char(1)	identifier_type		Optional	83-83	'R' : Medicare Blank
14	Medicare Number	Char(15)	cons_id_identifier		Mandatory if the previous field = 'R'	84-98	Non Blank Encrypted
15	Identifier Type 07	Char(1)	identifier_type		Future	99	
16	Identifier	Char(15)	cons_id_identifier		Future	100-114	
17	Identifier Type 08	Char(1)	identifier_type		Future	115	
18	Identifier	Char(15)	cons_id_identifier		Future	116-130	

Identifying Information: Format 2

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values
1.	Record Type	Char(2)			Mandatory	1-2	'10' : Add '30' : Update
1	Identifier Type 01	Char(1)	identifier_type	Yes	Mandatory	3	'A' : Area Program
1.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	4-8	
2.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	9-18	Area Program Client Record Number - Case Number
1	Identifier Type 02	Char(1)	identifier_type		Mandatory	19	'U' : Unique Identifier
2	Unique Identifier	Char(15)	cons_id_identifier		Mandatory	20-34	Used by most DMH systems - consists of first three characters of last (maiden) name, first character of first name, six character birth date, and an identifier if more than one consumer with same id
1.	Identifier Type	Char(1)	identifier_type		Optional	35	Valid Values 'U', 'S', 'D', 'M' and 'R'
2.	Identifier	Char(15)	cons_id_identifier		Mandatory if the previous field is non blank	36-50	This field should contain the value base on the contents of the previous filed. If the previous field is: 'S' : Encrypted Social Security Number 'D' : Drivers License Number 'M' : Encrypted Medicaid Number 'R' : Encrypted Medicare Number

Note: Fields 5,6 can occur 4 times to send a variety of identifiers in one record.

Name **Demographics****Description** This record provides admission and descriptive information about consumers.**Frequency** Daily; Annually**Record Size** 108 Bytes**Rules** Mandatory for all new consumers (clients) and annually.

Send a record :

- for each new consumer
- when new data is collected
- when the existing demographic information is modified
- when an admission is deleted AND
- annually - one record for every active client

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
1.	Record Type	Char(2)			Mandatory	1-2	'11' : Add '31' : Update '81' : Delete
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	3-7	
3.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	8-17	Case Number
4.	Admission Date	Char(8)	cons_adm_date	Yes	Mandatory	18-25	YYYYMMDD
5.	County of Residence	Char(3)	cons_county_reside; county_code		Mandatory	26-28	
6.	Date of Birth	Char(8)	cons_date_of_birth		Mandatory	29-36	Mandatory for Add and Update
7.	Ethnicity	Char(2)	ethnicity		Mandatory	37-38	New Requirement
8.	Marital Status	Char(1)	marital_status		Mandatory	39	
9.	Race	Char(1)	race		Mandatory	40	
10.	Gender	Char(1)	gender		Mandatory	41	
11.	State of Residence	Char(2)	state_of_residence		Required	42-43	
12.	Ability to Pay	Char(1)	ability_to_pay		Required	44	New Requirement: "U"=unknown
13.	Commitment Status	Char(3)	commit_status_ap		Optional	45-47	
14.	Competency Status	Char(1)	competency_status		Required	48	New Requirement

Area Programs Reporting Requirements

CDW

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
15.	Court Order Type	Char(1)	court_order_type		Optional	49	7 = Assessment & evaluation 8 = Evaluation & treatment 9 = Treatment 0=None
16.	Employer Assisted Program (EAP) Employer Code	Char(3)	eap_code		Required	50-52	
17.	Education Level at Admission	Char(2)	education_level		Required	53-54	
18.	Employment Status	Char(2)	employment_status		Required	55-56	
19.	Living Arrangement	Char(2)	living_arrang		Mandatory	57-58	
20.	Admission Referral Source	Char(2)	adm_ref_src		Mandatory	59-60	
21.	Veteran Status	Char(1)	cons_veteran_status		Required	61	
22.	Consumer Status	Char(1)	consv_status		Mandatory	62	Send 'D' if admission is to be deleted for record type '31'
23.	Consumer Status Date	Char(8)	cons_status_date		Required	63-70	YYYYMMDD
24.	Last Served Date	Char(8)	cons_last_served_date		Required	71-78	YYYYMMDD must be >= Admit Date and <= Discharge Date, if present
25.	Accommodation for Handicapped Needed	Char(2)	accomm_for_handi		Optional	79-80	
26.	English Proficiency	Char(1)	english_proficiency		Optional	81	
27.	Primary Language	Char(1)	primary_language		Optional	82	
28.	Legally Responsible Person	Char(2)	legally_resp_person		Optional	83-84	
29.	Zip Code	Char(9)	zipcode		Optional	85-93	
30.	Filler	Char(15)			Optional	94-108	Spaces

Name **Consumer Discharge Details****Description** This record provides information on discharged consumers.**Frequency** Daily**Record Size** 40 Bytes**Rules** This record is mandatory for all consumers discharged during the reporting period.

Send a record

- for each consumer discharged during the month

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
1.	Record Type	Char(2)			Mandatory	1-2	'12': Add '32': Update '82': Delete
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	3-7	
3.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	8-17	Case Number
4.	Discharge Date	Char(8)	cons_status_date		Mandatory	18-25	YYYYMMDD must be >= Admit Date and <= Last Served Date
5.	Discharge Reason	Char(1)	dischv_reason		Mandatory	26	
6.	Discharge Referral To	Char(2)	dischv_ref_src; adm_ref_src		Mandatory	27-28	
7.	Discharge Living Arrangement	Char(2)	living_arrang		Required	29-30	
8.	Filler	Char(10)			Optional	31-40	Spaces

Name **Diagnosis Details(This record is optional). DMH/DD/SAS no longer requires that these records (13, 33, 83) be sent.**

Description This record provides diagnostic information about consumers.

Frequency Daily

Record Size 60 Bytes

Rules Send a record

- for each new diagnosis identified during the reporting period for each consumer
- if the end date is updated for a diagnosis i.e. it is determined that a diagnosis is no longer appropriate for a consumer.

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
1.	Record Type	Char(2)			Mandatory	1-2	'13' : Add '33' : Update '83' : Delete
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	3-7	
3.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	8-17	Case Number
4.	Diagnosis Effective Date	Char(8)	diag_start_date	Yes	Mandatory	18-25	YYYYMMDD
5.	Diagnosis Class	Char(1)	diagv_class	Yes	Mandatory	26	P= Principal R= Primary A= Additional B= Both principal and primary
6.	Diagnosis Code	Char(10)	diagv_code_num	Yes	Mandatory	27-36	Numbers only; do not send decimals
7.	Diagnosis Axis Code	Char(1)	diagv_axis_code	Yes	Mandatory	37	
8.	Pregnancy Status	Char(1)	Stored as special population = 'P' specv_type		Mandatory or Required if gender = 'F'	38	Y = Yes N = No Mandatory if primary or principal Sub Abuse diag; else Required
9.	Diagnosis End Date	Char(8)	diag_end_date		Optional	39-46	If sent, in YYYYMMDD format. Cannot be future date.
10.	Filler	Char(14)			Optional	47-60	Spaces

Name Disability Details (This record is optional). DMH/DD/SAS no longer requires that these records (14, 34, 84) be sent.

Description This record provides disability information about consumers.

Frequency Daily

Record Size 70 Bytes

Rules

Send a record

- for each new disability identified during the reporting period for each consumer
- for any disability information updated during the reporting period
- if you choose to report, all current processing rules will remain in effect

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
1.	Record Type	Char(2)			Mandatory	1-2	'14' : Add '34' : Update '84' : Delete
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	3-7	
3.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	8-17	Case Number
4.	Disability Start Date	Char(8)	disa_start_date	Yes	Mandatory	18-25	YYYYMMDD
5.	Disability Class	Char(1)	disav_class	Yes	Mandatory	26	
6.	Disability Code	Char(2)	disav_code	Yes	Mandatory	27-28	
7.	Disability Level of Eligibility (LOE)	Char(1)	disav_loe		Mandatory	29	If value of '5' then at least one assessment scale must be NC-SNAP If value of 'H' then at least one assessment scale must be ASAM.
8.	Disability Functional Assessment Score 1	Char(3)	disa_fa_score		Required for Primary; else Optional	30-32	
9.	Disability Functional Assessment Date 1	Char(8)	disa_fa_date		Required for Primary; else Optional	33-40	YYYYMMDD

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
10.	Disability Functional Assessment Scale 1	Char(1)	disav_fa_scale		Required for Primary; else Optional	41	
11.	Disability Functional Assessment Score 2	Char(3)	disa_fa_score		Optional	42-44	
12.	Disability Functional Assessment Date 2	Char(8)	disa_fa_date		Optional	45-52	YYYYMMDD
13.	Disability Functional Assessment Scale 2	Char(1)	disav_fa_scale		Optional	53	
14.	Disability End Date	Char(8)	disa_end_date		Optional	54-61	If sent, in YYYYMMDD format. Future dates permitted for compliance with IPRS.
15.	Filler	Char(10)			Optional	61-70	Spaces

Name	Special Population Details (This record is optional). DMH/DD/SAS no longer requires that these records (15,35,85) be sent.
Description	One record is provided for each special population to which a consumer belongs. Any number of special population records can be sent for a consumer.
Frequency	Daily
Record Size	40 Bytes
Rules	<p>Send a record</p> <ul style="list-style-type: none"> • this record is required only if a consumer belongs to a special population as defined in the Data Dictionary, it is not required for every consumer • for each special population identified for a consumer during the reporting period • when an existing special population is no longer valid for a consumer • if you choose to report, all current processing rules will remain in effect

*Note: For female clients with principle or primary diagnosis of substance abuse, and pregnancy status of 'Y', **this record will automatically be generated by our system**, however sending a '15' will not result in an error.

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
1.	Record Type	Char(2)			Mandatory	1-2	'15' : Add '35' : Update '85' : Delete
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	3-7	
3.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	8-17	Case Number
4.	Special Population Type	Char(1)	specv_type	Yes	Mandatory	18	
5.	Special Population Start Date	Char(8)	spec_start_date	Yes	Mandatory	19-26	YYYYMMDD
6.	Special Population End Date	Char(8)	spec_end_date		Optional	27-34	If sent, in YYYYMMDD format Cannot be future date.
7.	Filler	Char(6)			Optional	35-40	Spaces

Name Risk Factor Details(This record is optional). DMH/DD/SAS no longer requires that these records (16, 36, 86) be sent.

Description Up to 12 risk factors can be identified for a child . These are used for the Governor's At Risk Report.

Frequency Daily

Record Size 50 Bytes

Rules

Send one record

- this record is required only if a consumer is in one of these Risk groups as defined in the Data Dictionary, it is not required for every consumer
- when the risk factors are collected or updated for a consumer during the reporting period
- if record is provided, at least one Risk Factor is expected
- update record replaces all existing risk factors

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
1.	Record Type	Char(2)			Mandatory	1-2	'16' : Add '36' : Update '86' : Delete
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	2-7	
3.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	8-17	Case Number
4.	Risk Factor 1	Char(2)	riskv_factor		Mandatory	18-19	
5.	Risk Factor 2	Char(2)	riskv_factor		Optional	20-21	
6.	Risk Factor 3	Char(2)	riskv_factor		Optional	22-23	
7.	Risk Factor 4	Char(2)	riskv_factor		Optional	24-25	
8.	Risk Factor 5	Char(2)	riskv_factor		Optional	26-27	
9.	Risk Factor 6	Char(2)	riskv_factor		Optional	28-29	
10.	Risk Factor 7	Char(2)	riskv_factor		Optional	30-31	
11.	Risk Factor 8	Char(2)	riskv_factor		Optional	32-33	
12.	Risk Factor 9	Char(2)	riskv_factor		Optional	34-35	
13.	Risk Factor 10	Char(2)	riskv_factor		Optional	36-37	
14.	Risk Factor 11	Char(2)	riskv_factor		Optional	38-39	
15.	Risk Factor 12	Char(2)	riskv_factor		Optional	40-41	
16.	Filler	Char(9)			Optional	42-50	Spaces

Name **Substance Abuse (Drug of Choice) Details**

Description This record provides substance abuse information for all consumers with a substance abuse diagnosis. It is required within 30 days of admission for these consumers.

Frequency Daily

Record Size 50 Bytes

Rules Send a record

- for any new consumer with a principle or primary substance abuse diagnosis
- for any new substance abuse diagnosis for an existing client
- for any new drug of choice identified during the reporting period for each consumer
- when the existing substance abuse information is updated or ended

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
1.	Record Type	Char(2)			Mandatory	1-2	'17' : Add '37' : Update '87' : Delete
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	3-7	
3.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	8-17	Case Number
4.	Substance Abuse Start Date	Char(8)	sa_start_date	Yes	Mandatory	18-25	YYYYMMDD
5.	Substance Abuse Drug Code	Char(2)	sav_drug_code	Yes	Mandatory	26-27	
6.	Substance Abuse Drug Age at First Use	Char(2)	sav_age_first_use		Mandatory	28-29	
7.	Substance Abuse Drug Use Frequency	Char(1)	sav_drug_frequency		Mandatory	30	
8.	Substance Abuse Drug Use Route	Char(1)	sav_drug_use_route		Mandatory	31	
9.	Substance Abuse Drug Use Class	Char(1)	sav_drug_use_class	Yes	Mandatory	32	
10.	Substance Abuse End Date	Char(8)	sa_end_date		Optional	33-40	If sent, in YYYYMMDD format Cannot be future date.
11.	Filler	Char(10)			Optional	41-50	Spaces

Name Substance Abuse Treatment (Movement) Details(This record is optional). DMH/DD/SAS no longer requires that these records (18, 38, 88) to be sent.

Description This record provides information on substance abuse services received for all area program consumers with a substance abuse diagnosis.
Note: This information was formerly supplied on the Substance Abuse Admission Log

Frequency Daily

Record Size 50 Bytes

Rules

Send a record

- within 30 days of a new Principal or Primary Substance Abuse Diagnosis. This is a mandatory record for these consumers.
- Note: The Division will no longer automatically enroll substance abuse consumers in outpatient services.
- If the existing Substance abuse movement information is updated

#	Data Name	Format	Data Dictionary Data Code	Key Field	Mandatory /Optional	Position	Valid Values/Remarks
1.	Record Type	Char(2)			Mandatory	1-2	'18' : Add '38' : Update '88' : Delete
2.	Area Program	Char(5)	cons_area_pgm_fac + area_pgm_code	Yes	Mandatory	3-7	
3.	Client Number	Char(10)	cons_id_identifier	Yes	Mandatory	8-17	Case Number
4.	SA Treatment (Movement) Start Date	Char(8)	samo_start_date	Yes	Mandatory	18-25	YYYYMMDD
5.	Federal Service Type	Char(2)	federal_service_type	Yes	Mandatory	26-27	
6.	Methadone Planned Indicator	Char(1)	samo_meth_plan_ind		Required	28	
7.	UFDS Code	Char(8)	ufds_code		Required	29-36	
8.	SA Treatment (Movement) End (Release) Date	Char(8)	samo_end_date		Optional	37-44	If sent, in YYYYMMDD format Cannot be future date.
9.	Filler	Char(6)			Optional	45-50	Spaces

Reading the Data Dictionary

Following is a key to reading and understanding the attached data dictionary. Please note that the dictionary is written to facilitate the technical aspects of the data; therefore, there might be some parts of it that are not clear or not consistent with the Area Program Reporting Requirements. Please use the Reporting Requirements as your correct source of information; this dictionary is for reference only.

Table Code:	Table data element resides on
Name:	Long data element name
Code:	Data dictionary's code for data element; referenced in above tables. Dictionary is alphabetized by this code.
Label:	Indicates if data element is MANDATORY, OPTIONAL, or DERIVED, on the particular table in the data dictionary. Do not use this to determine area program submission requirements; use the instructions in the reporting requirements above. Ignore those data elements that are labeled 'INSTITUTION ONLY' or 'DERIVED'; these do not apply to area programs.
Domain:	N/A
Type:	indicates type and length of field: Char = alphanumeric field Datetime = date and time field Integer = number with no decimals
Description:	Definition/description of the data element including valid values and edits. This is the area in which to find detailed descriptions and valid values for reporting.
Annotation:	Data migration - processes, notes, etc. for converting data element from current Client Information System. Post migration - processes, notes, etc. pertaining to the regular processing or loading of data into the CDW; used to write load programs.

Operational InstructionsDeadlines and Schedules*User Acceptance Test Files*

- Test system is refreshed with Production data each morning.
- Test files can be sent daily, but the same file can only be sent once per day.
- Test files will be processed as part of a nightly batch cycle after normal business hours.
- Test error files will be available for download the next day (after processing).
- Test error files will be deleted after no more than five business days due to space considerations.

Production Files

- Production files can be sent daily, with a limit of one file per day, M-F.
- All data files must be dated greater than ANY previous data file which has been processed.
- Production files will be processed as part of a nightly batch cycle after normal business hours.
- Production error files will be available for download the next day (after processing).
- Production error files will be deleted after no more than five business days due to space considerations.

Processing Limitations

The only limits for sending data to be processed are those set forth by the **Area Program Performance Agreement** (stipulates that data files are due by the 15th of the month), unless otherwise noted above. There is no longer a monthly batch process by which data needs to be received, in order to be processed. All data is processed nightly by automated batch systems.

System Access and FTP*Userid's and Passwords*

Userid's

- Each area program will have it's own userid's and password's. This will connect you to your own subdirectory on the UNIX machine at SIPS.
- For Production, The UNIX userid will be **apnnnn** where nnn= area program number. For example, the UNIX userid for Smoky Mountain will be ap101.
- For Test, The UNIX userid will be **apnnnt** where nnn= area program number and the constant, **t** represents "test". For example, the UNIX userid for Smoky Mountain will be ap101t.

Please note that in the UNIX world, there is a difference between upper case and lower case. All userids and passwords will be all lower case. If upper case is entered, you will get an error.

Listed below are all area programs. Please let us know immediately if any of these are incorrect.

101	Smoky Mountain	303	Sandhills
102	Blue Ridge	304	Southeastern Regional
103	New River	305	Cumberland
104	Trend	306	Lee-Harnett
105	Foothills	307	Johnston
106	Rutherford-Polk	308	Wake
		310	Randolph
108	Pathways	401	Southeastern
109	Catawba	402	Onslow
110	Mecklenburg	403	Wayne
112	Piedmont	404	Wilson-Greene
201	Crossroads	405	Edgecombe-Nash
202	CenterPoint	406	Riverstone
203	Rockingham	407	Neuse
204	Guilford	408	Lenoir
205	Alamance-Caswell	409	Pitt
206	O-P-C	410	Roanoke-Chowan
207	Durham	411	Tideland
208	V-G-F-W	412	Albemarle
302	Davidson	413	Duplin-Sampson

Passwords

Please contact Data Operations for password information and follow the TELNET instructions below to change your password as quickly as possible.

Again, please note that in the UNIX world, there is a difference between upper case and lower case. All userids and passwords will be all lower case. If upper case is entered, you will get an error.

In the future, to change your password (or for System/Communication problems) please contact:

ITS Help Desk @ 919-872-8841 or 1-800-722-3946 and ask for UNIX Support.

To change a password, the following information must be provided:

- Area program number and name
- Your name and phone number
- Current password

In addition you must use **TELNET** to maintain and change passwords. If a new password is granted, it is just temporary and must be changed upon first use. Go to **TELNET** where upon entering the temporary password, you will be prompted to enter a new one. This ensures security, so that not even ITS will know your password.

Host Name, Files, and Subdirectories

Host

The host name for the UNIX box is:

cdw01.dhr.state.nc.us

This is the name to use when FTPing.

Note: SIMPC will not work for this system.

Files and Subdirectories

Each area program will have access to its own subdirectory only. You will be allowed to create files on this subdirectory; **modification of existing (previously sent) files will not be allowed.** If you send an erroneous file and you want it deleted **BEFORE** it is loaded to the CDW, you have the authority to remove the file from our system.

The files FTP'ed to the division must be in binary format . The following names must be used:

apnnn_ccyyymmdd.dat

where
apnnn = UNIX userid i.e. area program number
ccyy = 4 character year.
mm = month
dd = day

apnnn_ccyyymmdd.err (Area Program Error Report)

where
apnnn = UNIX userid
ccyy = 4 character year.
mm = month
dd = day

apnnn_ccyyymmdd.err.dat (Area Program Error Data File)

where
apnnn = UNIX userid
ccyy = 4 character year.
mm = month
dd = day

Error Files Returned to Area Programs

Each record in the error file will contain the error transaction, in the same format as sent, followed by the error message. There will be total number of transactions record at the end.

In addition to the above error files, a Batch Control file containing statistics for each Area Program will be provided under the following format and naming convention:

apnnn_ccyyymmdd.ctl (Area Program Batch Control Statistics Report)

where
apnnn = UNIX userid
ccyy = 4 character year.
mm = month
dd = day